

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534080

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4				1			
5					1		
6					1		
7						1	
8						1	
9							1
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			17				
TOTAL CLAIMS			18				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.			1				
TOTAL DEP.			8				
TOTAL CLAIMS			18				